

## Analyzing dentist professional behaviour reported in Indian newspaper media: a content analysis

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**Abstract:** *Background:* Essentially, a professional conduct of health-care providers, such as doctors and dentists, heavily influences the trust and general perceptions that the public has toward dentistry as a profession. Mass media – especially print media, such as newspapers with a high circulation – mediates the effect of such perceptions. The dissemination of effective communication regarding oral health has been clearly considered public health. *Objective:* To analyze how dentists' professional behaviour is perceived in Indian newspaper media with themes, frequency, and tone of coverage. *Method:* News articles from major Indian newspapers (January 2020-December 2024) were purposively sampled for qualitative content analysis in terms of references to dentists and professional conduct (e.g., misconduct, negligence, ethics, community service). Articles in English or Hindi were sourced from Google News and archives by means of relevant keywords. Inductive coding of themes and tone (positive, neutral, negative) was done using NVivo software. Two reviewers independently coded the data, with inter-rater reliability assessed using Cohen's kappa. *Results:* Of 216 screened newspaper articles, 58 included. Five major themes emerged: professional misconduct/negligence (36% of articles); unethical behaviour (22%); patient complaints/disputes (17%); community service and outreach (12%); and academic achievements (13%). Prevalently, negative portrayals were those on malpractice, unethical behaviour, and patient grievances, whereas positive stories were on donations and scholarly achievements. Of the articles, 38% were negative in tone, 45% neutral, and 17% positive. *Conclusion:* The Indian newspapers tend to cover negative incidents of dental professionals, undermining the trust of the public even more. One can hardly find these positive contributions useful for the betterment of the image, such as the public health camps and academic successes. The different stakeholders in dentistry need to be proactive in engaging with the media, such as through media training and partnerships, to promote ethical awareness and a more balanced image of the profession.

**Keywords:** Dentist professional behaviour, Newspaper media, Content analysis, India, Media portrayal, public perception.

### Introduction

Dentistry is a vital branch of healthcare grounded upon the edifice of professionalism, ethical practice, and the trust of the patient. Public confidence in a dental practitioner is mostly reliant on perceptions of professional conduct [1-2]. Modern society's primary lens through which they observe healthcare workers is mass media – particularly newspapers. Newspapers can influence opinions by framing incidents occurring among clinicians mainly with a sensational tilt [3]. Indeed, an effective dissemination of oral health messages is appreciated as a public health promoter [4]. There has been some research into the media and its relationship to public

confidence in medicine, but very little has been said regarding portrayals of dental professionals within those media [1].

Analyses of media coverage have, on a global level, studied both medical and dental professionals. Acharya and Kafle have conducted a content analysis of Nepalese media with reports of frequent healthcare misconduct [5]. Bagg et al. have analyzed British media and noted that negative stories about dentists (like malpractice cases) tend to dominate the coverage [6], however, to what extent and in what manner this happens in India is poorly understood. India with its

varied press-a composition of many languages and newspapers being widely read-is a unique landscape. The country is severely challenged with public health issues in dentistry, and certainly, media narratives could influence this perception [7].

Considering the gap to fill, the present study thus sought to carry out a systematic analysis of the media reporting of the professional activities of dentists in India. Specifically, we aimed to identify the main themes of coverage (e.g., negligence, ethics, community service) and the frequency of these themes along with which we looked at the tone of the reporting. By gauging media narratives, stakeholders in dentistry would better appreciate public perceptions and address any misinformation that may arise.

### Material and Methods

This was a qualitative content analysis of India's newspaper articles having reported the professional behaviour of dentists. The study period January 2020 to December 2024 was chosen to encompass the COVID-19 pandemic and recovery period, during which time healthcare reporting was particularly under the spotlight.

*Data Sources and Search Strategy:* The news articles were collected from the online treasure-house and e-paper version of the leading Indian newspapers. They encompass mostly national English dailies, such as The Times of India, The Hindu, Hindustan Times, Indian Express, and popular regional and vernacular publications, such as Dainik Jagran, Eenadu, Malayala Manorama. Searches were made through Google News, individual newspaper websites, and media aggregators to cover maximum area. Data rounds up keywords related to dentistry and ethics/misconduct concerning the individual pairs on them. Below are the key terms used for major searches:

1. "Dentist misconduct"
2. "Dental negligence"
3. "Dental camp"
4. "Ethical dentist"
5. "Dental malpractice"

These included in-country modifications such as "India," "news," "clinic," "patient" to refine and

improve results. These searches were conducted in English and Hindi.

*Inclusion and Exclusion Criteria:* Articles were included if they specifically mentioned dentists or dental professionals in discussions associated with professional conduct, any clinical issues, or legal and ethical matters, or in the context of public service. To be included:

- News on general reporting of incidents of dental malpractice or negligence and errors.
- Stories about ethical practice or unethical practice such as illegally practicing dentistry, fraud.
- Stories on outreach of dental community in form of free camping, awareness programs.
- Stories of recognition of dental professionals in the field of awards and academic recognition.

Opinion articles (editorials, letters to editor), academic notices (conference announcements, exam notices), or duplicate articles reporting the same incident were not included. Only authentic national and regional newspapers from India were counted. The coverage thus extended to include Hindi as well as English articles; the Hindi articles were read by Hindi-fluent reviewers and analysed similarly.

*Data Analysis:* All articles selected were imported to NVivo 12 Plus (QSR International) for coding. This was done using the inductive approach to thematic analysis to allow for patterns to emerge from the data. Each article was then coded for content relating to dentists' professional behaviour. The coding scheme included two broad categories, namely: (1) Thematic focus - the central issue or narrative (e.g., negligence, ethics, outreach, academics); and (2) Tone of coverage - classified as negative (critical, sensational, or highlighting problems), neutral (factual or descriptive without value-judgment), or positive (celebratory or highlighting achievements).

Initial coding was by two independent researchers to ensure rigor. They first read a

random set of articles jointly and then developed preliminary codes for coding independently. They talked about possible discrepancies in coding before deciding on a unifying conclusion. A Cohen's kappa coefficient was calculated to quantify inter-rater agreement; values above 0.75 were considered indicative of a substantial agreement. Throughout analysis, contextual information such as geographic setting (i.e. national versus state-level newspapers) was made known.

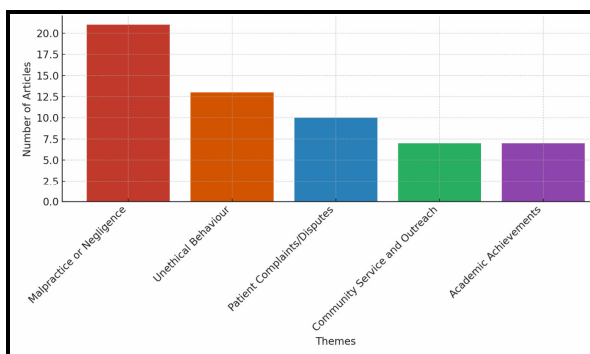
*Ethical Considerations:* The study involved the analysis of newspaper content available to the public and did not involve human subjects or any personal data. Therefore, the institutional ethical approval process was not required. Individual names mentioned in articles were connoted anonymous in reporting results, unless the same was done in the article itself (because articles mention practitioners or officials, for instance).

### Results

Initially, 216 newspaper articles were identified because of our search strategy, from which 58 unique articles (published between January 2020 and December 2024) were short listed for analysis after inclusion and exclusion criteria were applied. Out of these articles, some were published in English or Hindi used national and regional newspapers.

*Dominant Themes:* Five major coverage categories were derived from the content analysis (Figure 1).

**Fig-1:** Dominant Themes: Five major coverage categories were derived from the content analysis



- **Malpractice or Negligence (21 articles, 36%):** This was the most dominating theme. Reports usually described serious clinical errors or

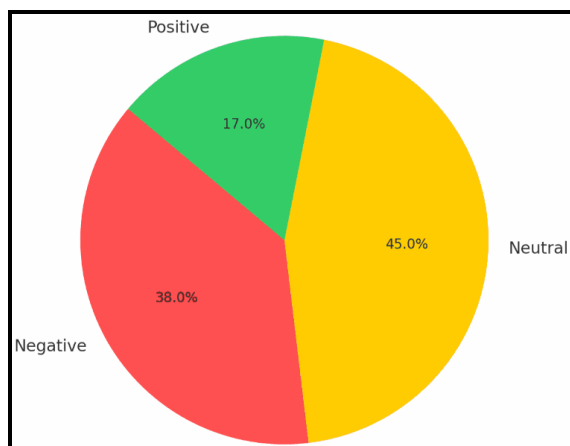
lapses. For instance, reports of several cases of wrong tooth extractions (caused by inadequate diagnostics), expired materials used in dental procedures, and anaesthesia-related mishaps brought complications (i.e. prolonged numbness, hospitalization) were cited as typical. Such reports are usually framed critically with the upset patients or health authorities' quotes.

- **Unethical Behaviour (13 articles, 22%):** Such stories were regarding the breaches of professional ethics. Some frauds were practiced (without holding a valid degree or registration to practice dental specialty), bribery/kickbacks in referrals or insurance claims, and forged patient records in the minds of insurers or courts. Media coverage often attached to these cases were the ensuing legal actions such as investigation by dental councils and arrests by police. The tone generally was condemnatory thus highlighting the practitioner's betrayal of trust.
- **Patient Complaints and Disputes (10 articles, 17%):** Articles concerned with a good number of conflicts between patients and dentists. The common non-disclosure on leading towards unexpected complications, overcharging or unapproved billing practices, and unsatisfactory cosmetic or prosthetic outcomes. These reports will often feature interviews with patients about their complaints and sometimes a response from patient advocacy or dental associations. Growing patient awareness about rights in health care is reflected in this theme.
- **Community Service and Outreach (7 articles, 12%):** Account profiles would show dentists positively, their public health endeavours such as free dental camps organized in rural or underserved areas, oral health awareness drives in schools or slum communities, and mobile dental clinics operated with NGOs during health campaigns (e.g., World Oral Health Day or COVID-19 vaccination drives). Such articles would have framed dentists as socially responsible professionals contributing to community welfare.

- **Academic Achievements and Innovations (7 articles, 13%):** Some hardly articles bragging academic or research feats of dentists. Hence the stories would feature an Indian dental faculty member on an international conference podium, significant research published in journals, innovation in dental technology, and rankings of dental institutions. These types of reports would convey pride in the scholarly contributions of the profession.

*Tone of Coverage:* The overall tone of each article was also assessed (Figure 2). Of the 58 articles;

**Fig-2:** Tone of Coverage: The overall tone of each article was also assessed.



- **Negative tone:** Negative tone was exhibited by 22 articles (38%) and these were largely sensationalized or critical ones addressing malpractice, ethical violations, or even legal issues. The headlines and language are the ones that let wrongdoing and accountability be focused.
- **Neutral tone:** Neutral was the case for the next 26 articles (45%). These are simply such reports as new appointments in dental institutions, features of research findings, or regulatory policy updates factually without emotive language.
- **Positive tone:** Positive tone rang in the ears of 10 articles (17%). Such as praised dentists' contributions, achievements, or altruistic activities. Included in such pieces are often commendatory quotes (e.g., from beneficiaries of a free clinic or from academic peers) and affirmative language.

In brief, most articles were negative-themed (malpractice, unethical conduct, disputes): more so than pro-positive themes. Community service and academic excellence attracted much lower reports. Such inequality in themes on volumes is reflected in tones: negative (38%) is greater than 17% positive reports while the largest share was neutral.

### Discussion

The experience of the current analysis of published reports on Indian newspapers covered a pattern of their reporting that focused a disproportionate amount on the negativity of incidents in question. The articles focused mainly on malpractice, negligence, unethical conduct, and patient disputes while often adopting a critical or even sensational stance. Such skewed government attention to these issues runs the risk of reinforcing public distrust and of portraying dentists as potential sources of harm rather than trusted caregivers.

This finding is proportional to other studies showing that media attention tends to drift in the direction opposite to that of good aspects in the healthcare sector [5-6]. In the international studies, the rare errors or scandals made it to the headlines and drowned the common routine or good things happening in professional practice.

Conversely, the media paid little attention to dentists' constructive activities. Hardly any articles emphasized community service programs (12%) or academic successes (13%). Hence, the public narrative might miss the all-important role that dentists play in prevention, health education, and research. This is a grave social health issue, as India has a serious burden of dental diseases [7].

The media represent a very strong avenue for health communication. When mechanical contributions like conducting rural dental camps or school-based oral hygiene programs are seldom reported, such opportunities slip away to educate the community and give it empowerment. Public health experts have emphasized mass media development in support of oral health for quite some time [4, 8], our study indicates such endeavours have

not been fully embraced in India with respect to dentistry.

*Implications of Skewed Media Representations:*

The negative portrayal has direct consequences. Victims are prone to lose trust with the increased frequency of news stories covering malpractice and fraud. Possible victims may procrastinate or even delay seeking dental attention for fear of being exploited, and this delay will overall surely carry unfavourable consequences for oral health. For objects of a more anxiety-generating conscience, this can pose challenges, particularly the risk group: children, the elderly, or first-time patients, who tend to have heightened expectations of poor service or harm encouraged by the media. Harikiran et al. have reported that detrimental media acts might have a bearing on public perception of dentists, which in turn leads to unwarranted apprehension [1,5].

It has an equally far-reaching effect for the dental community. Negative stories in the media demoralize practitioners by the second instance, more so for a dentist whose career is relatively new. It may create an ambiance that cultivates a defensive mode of practicing with more worry about litigation rather than a focus on patient care. This defensive stance could lead to overtreatment, excessive screening of their patient, or declining to refer when liability issues are at stake, thus eroding the very trust of their patients in the first instance. If a given profession is perceived to be either corrupt or nefarious, the professionals tend to be besieged; if patients internalize any fears articulated by the media, instances of verbal abuse or confrontational behaviour directed towards dentists may skyrocket. The social climate of the clinic can be strained when practitioners feel they must constantly prove their integrity. These consequences suggest a feedback loop: media negativity breeds distrust, which in turn creates a more adversarial environment around dentistry [2, 6].

*Barriers to Balanced Reporting:* Many factors could create this disparity in media portrayal. One challenge, however, is limited training. Usually, there is no commonsense class on media relations or crisis communication within the dental education syllabus. Public figures and authorities are people that prepare for press appearance and

receive media training, while most dentists never undergo media training. This has two consequences. First, in high-profile cases (for example, a malpractice suit), journalists, instead of digging for clinical nuances, may sensationalize. News reports may well note that there is a patient with an injury but without giving any technical context, leading to distortion. Studies on health journalism emphasize that medical issues can easily be misconstrued by reporters-turned-journalists who lack the necessary expertise. Sharma et al. observed that journalists are often short of knowledge in oral health [9], leading to oversimplified or untrue stories about dental procedures. Secondly, in case of an incident, either a dentist or a clinic would prefer to stay mum. If the actual professional community does not clarify or contextualise the matter, the narrative presented by the media takes over. Silence affords one-sided stories to be presented as public debate.

Yet another category of barriers is simply the media incentive structure. In a competitive news market, emotional appeal or the fact that it is deemed controversial sells. Allegations of fraud or negligence are naturally more clickable and reaction-worthy than say, a report about a typically uncontroversial continuing-education lecture. Journalistic unwritten rules are just as important: investigative standards and ethical guidelines for the practice of journalism are not always diligently adhered to. Investigative journalism in India appears to have a lot of room to grow itself [10-12], while health reporting suffers from ethical woes, as well [13]. When infringement arises in journalism-from misplaced facts to glorification-the resulting coverage is unfortunate.

*Recommendations for Stakeholders:* These problems demand a laser-focused intervention by the dental profession and the mass media. Stakeholders, like the Dental Council of India, Indian Dental Association, and Indian Dental Schools, can take the lead. First, they should set up media-relations or communications strategies. Such units could respond instantly to any piece of news with respect to appointment or action in the dental profession with valid information and contacts of experts.

Secondly, inclusion of media communication training in dental education will train incoming dentists to cope well with queries posed by journalists and to the public. Workshops on public speaking, media interview skills, and ethical communication will empower practitioners to make constructive use of the media to highlight good news. Such seminars could be offered in dental schools in pursuit of media literacy with participation from journalists explaining the conventions of news [14-18].

The NGO associations should also highlight academically and communally the positive events on the yearly basis. For example, the associations may publish an annual report, a newsletter, or put highlights of successful outreach programs, the very recent findings from ongoing research, and awards in social media so that it can form just another load of good news. Mass media function has been emphasized in dental health education by Bhambal et al.; if the associations can send in press releases related to public health camps or neonatal programs, newspapers may cover those stories as well. In India, public health dentistry requires better visibility; some aggressive modes of communication may change that scenario [19-23].

Journalists and editors must follow the tenets of ethical journalism. Training in health reporting-like that in some countries- should sensitize journalists about technicalities. Media might contact dental experts prior to disseminating clinical information, to ensure precision and context. We could strengthen collaborations between journalism programs and dental programs- perhaps co-sponsored workshops where future reporters learn from dentists and vice versa.

*Geographical Trends:* An interesting secondary finding was regional variation in coverage. Urban newspapers (e.g., from Delhi or Mumbai) tended to focus on malpractice and regulatory issues. These cities have competitive healthcare markets, and litigious environments; therefore, there are a lot of legal cases that make their way to the media. Smaller-city or vernacular papers were, on the contrary, more inclined to report about local

dental outreach and camps. In such contexts, dental colleges usually have strong community ties, so positive activities have local publicity. This suggests that media engagement strategies might need to be tailored. Metro dental institutions might want to work on transparency and patient communication to increase their reputation while rural clinics can still use visible community service to build trust [20,24].

*Limitations:* This study has several limitations. First, we only considered the studies published in English and Hindi. Thus, any media activity in other Indian languages such as Tamil, Telugu, or Bengali escaped our purview. Reports in such languages might emphasize these considerations differently. Second, we could not determine if our final sources were solely from publicly available editions, as some might have missed content circulated in print or against subscription. Third, thematic analysis is subjective by nature. Though independent coders were used, with inter-coder reliability calculated ( $\kappa > 0.75$ ), some degree of subjectivity still remains. Lastly, because it was qualitative, we did not do any kind of statistical analysis or causality inference; our findings simply detail patterns in media content retrieved, not the causes.

## Conclusion

This analysis shows that Indian newspapers often highlight negative events involving dentists, such as malpractice and unethical practices, while giving less attention to community service or academic achievements. This can lead to public fear and distrust towards dental professionals. To balance public perception, the dental field should engage with media through education, media liaison units, and promotion of positive oral health initiatives. Journalists should also ensure accuracy and fairness in their reporting. Collaborative efforts are needed to present a more comprehensive view of dentistry and build public trust.

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